**New Application: Critical Care Medicine**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR 1.2.b.] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR 1.6.a.] | [ ]  YES [ ]  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR 1.8.b.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR 1.8.d.] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR 1.8.g.] (Limit response to 300 words) |
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Indicate if the following will be present at the primary clinical site.

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| Medical intensive care unit (MICU) or its equivalent [PR 1.8.k.7.b.] | [ ]  YES [ ]  NO |
| Timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units [PR 1.8.h.] | [ ]  YES [ ]  NO |
| Computed tomography (CT) imaging, including CT angiography [PR 1.8.i.] | [ ]  YES [ ]  NO |

Will the following facilities/laboratories/services be available for fellows’ education?

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| Supporting laboratory that provides complete and prompt laboratory evaluation and reliable and timely return of test results [PR 1.8.j.] | [ ]  YES [ ]  NO |
| An active open heart surgery program [PR 1.8.k.1.] | [ ]  YES [ ]  NO |
| Active emergency service [PR 1.8.k.2.] | [ ]  YES [ ]  NO |
| Postoperative care and respiratory care services [PR 1.8.k.3.] | [ ]  YES [ ]  NO |
| Nutritional support services [PR 1.8.k.4.] | [ ]  YES [ ]  NO |
| Equipment necessary to care for critical ill patients, including bronchoscopy equipment [PR 1.8.k.5.] | [ ]  YES [ ]  NO |
| Equipment, expertise and personnel to provide continuous and intermittent renal replacement therapy in the CCU(s) [PR 1.8.k.6.] | [ ]  YES [ ]  NO |
| Surgical intensive care unit (SICU) [PR 1.8.k.7.a.] | [ ]  YES [ ]  NO |
| Coronary intensive care unit (CICU) [PR 1.8.k.7a.].] | [ ]  YES [ ]  NO |
| Facilities for the care of patients with: |
|  acute myocardial infarction [PR 1.8.e.] | [ ]  YES [ ]  NO |
|  severe trauma [PR 1.8.e.] | [ ]  YES [ ]  NO |
|  shock [PR 1.8.e.] | [ ]  YES [ ]  NO |
|  recent open-heart surgery [PR 1.8.e.] | [ ]  YES [ ]  NO |
|  recent major thoracic or abdominal surgery [PR 1.8.e.] | [ ]  YES [ ]  NO |
|  severe neurologic and neurosurgical conditions [PR 1.8.e.] | [ ]  YES [ ]  NO |
| Other services: |
|  Anesthesiology [PR 1.8.f.] | [ ]  YES [ ]  NO |
|  Laboratory medicine [PR 1.8.f.] | [ ]  YES [ ]  NO |
|  Radiology [PR 1.8.f.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Faculty**

Will the program have ABIM- or AOBIM-subspecialty certified clinical faculty members in the following areas participating in the program? [PR 2.9.a.1.]

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| Cardiology | [ ]  YES [ ]  NO |
| Gastroenterology | [ ]  YES [ ]  NO |
| Hematology | [ ]  YES [ ]  NO |
| Infectious Disease | [ ]  YES [ ]  NO |
| Medical Oncology | [ ]  YES [ ]  NO |
| Nephrology | [ ]  YES [ ]  NO |
| Pulmonary Disease | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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Will faculty members from the following disciplines be available to participate in the education of the fellows? [PR 2.9.a.2.]

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| Anesthesiology | [ ]  YES [ ]  NO |
| Cardiovascular Surgery | [ ]  YES [ ]  NO |
| Emergency Medicine | [ ]  YES [ ]  NO |
| Neurological Surgery | [ ]  YES [ ]  NO |
| Obstetrics and Gynecology | [ ]  YES [ ]  NO |
| Orthopaedic Surgery | [ ]  YES [ ]  NO |
| Thoracic Surgery | [ ]  YES [ ]  NO |
| Urology | [ ]  YES [ ]  NO |
| Vascular Surgery | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**educational program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the evaluation and management of patients with the following?

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| Acute lung injury, including radiation, inhalation, and trauma [PR 4.4.a.] | [ ]  YES [ ]  NO |
| Acute metabolic disturbances, including over dosages and intoxication syndromes [PR 4.4.b.] | [ ]  YES [ ]  NO |
| Anaphylaxis and acute allergic reactions in the critical care unit [PR 4.4.c.] | [ ]  YES [ ]  NO |
| Cardiovascular diseases in the critical care unit [PR 4.4.d.] | [ ]  YES [ ]  NO |
| Circulatory failure [PR 4.4.e.] | [ ]  YES [ ]  NO |
| End-of-life issues and palliative care [PR 4.4.f.] | [ ]  YES [ ]  NO |
| Hypertensive emergencies [PR 4.4.g.] | [ ]  YES [ ]  NO |
| Immunosuppressed conditions in the critical care unit [PR 4.4.h.] | [ ]  YES [ ]  NO |
| Hematologic and coagulation disorders associated with critical illness [PR 4.4.i.] | [ ]  YES [ ]  NO |
| Metabolic, nutritional, and endocrine effects of critical illnesses [PR 4.4.i.] | [ ]  YES [ ]  NO |
| Multi-organ system failure [PR 4.4.j.] | [ ]  YES [ ]  NO |
| Perioperative management of critically ill patients [PR 4.4.k.] | [ ]  YES [ ]  NO |
| Perioperative critically-ill patients, including hemodynamic and ventilatory support [PR 4.4.k.] | [ ]  YES [ ]  NO |
| Renal disorders in the critical care unit, including electrolyte and acid-base disorders [PR 4.4.l.] | [ ]  YES [ ]  NO |
| Acute and chronic respiratory failure [PR 4.4.m.] | [ ]  YES [ ]  NO |
| Respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders [PRs 4.4.m.] | [ ]  YES [ ]  NO |
| Sepsis and sepsis syndrome [PR 4.4.n.] | [ ]  YES [ ]  NO |
| Severe organ dysfunction resulting in critical illness to include disorders of the gastrointestinal, neurologic, endocrine, hematologic, musculoskeletal, and immune systems as well as infections and malignancies [PR 4.4.o.] | [ ]  YES [ ]  NO |
| Shock Syndromes [PR 4.4.p.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to: [PR 4.5.a.–4.5.b.]

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the following procedural and technical skills?

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| In interpreting data derived from various bedside devices commonly employed to monitor patients [PR 4.5.c.] | [ ]  YES [ ]  NO |
| Airway management [PR 4.5.d.] | [ ]  YES [ ]  NO |
| Initiation and maintenance of ventilatory support [PR 4.5.e.1.] | [ ]  YES [ ]  NO |
| Respiratory care techniques [PR 4.5.e.2.] | [ ]  YES [ ]  NO |
| Liberation from mechanical ventilatory support, including terminal extubation [PR 4.5.e.3.] | [ ]  YES [ ]  NO |
| Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry [PR 4.5.f.] | [ ]  YES [ ]  NO |
| Therapeutic flexible fiber-optic bronchoscopy procedures limited to indications for therapeutic removal of airway secretions, diagnostic aspiration of airway secretions or lavaged fluid, or airway management [PR4.5.g.] | [ ]  YES [ ]  NO |
| Diagnostic and therapeutic procedures, including paracentesis, lumbar puncture, thoracentesis, endotracheal intubation, and related procedures[PR 4.5.h.] | [ ]  YES [ ]  NO |
| Placement and management of chest tubes and pleural drainage systems [PR 4.5.i.] | [ ]  YES [ ]  NO |
| Operation of bedside hemodynamic monitoring systems [PR 4.5.j.] | [ ]  YES [ ]  NO |
| Emergency cardioversion [PR 4.5.k. ] | [ ]  YES [ ]  NO |
| Interpretation of intracranial pressure monitoring [PR 4.5.l.] | [ ]  YES [ ]  NO |
| Nutritional support [PR 4.5.m.] | [ ]  YES [ ]  NO |
| Technical and procedural skills of critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters [PR 4.5.n.] | [ ]  YES [ ]  NO |
| Use of transcutaneous pacemakers [PR 4.5.o.] | [ ]  YES [ ]  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR 4.5.p.]  | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.j.] | [ ]  YES [ ]  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR 4.11.k.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge of the following content areas?

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| Pericardiocentesis [PR 4.6.a.] | [ ]  YES [ ]  NO |
| Placement of percutaneous tracheostomies [PR 4.6.b.] | [ ]  YES [ ]  NO |
| Imaging techniques commonly employed in the evaluation of patients with critical illness, including the technical and procedural use of ultrasound, and interpretation of ultrasound images at the point of care for medical decision making [PR 4.6.c.] | [ ]  YES [ ]  NO |
| Screening for tests and procedures [PR 4.6.d.] | [ ]  YES [ ]  NO |
| Renal replacement therapy [PR 4.6.e. ] | [ ]  YES [ ]  NO |
| The indications, contraindications, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters [PR 4.6.f.] | [ ]  YES [ ]  NO |
| The basic sciences, with particular emphasis on biochemistry and physiology, including cell and molecular biology and immunology, as they relate to critical care medicine [PR 4.6.g.] | [ ]  YES [ ]  NO |
| The ethical, economic, and legal aspects of critical illness [PR 4.6.h.] | [ ]  YES [ ]  NO |
| The psychosocial and emotional effects of critical illness on patients and patients’ families [PR 4.6.i.] | [ ]  YES [ ]  NO |
| The recognition and management of the critically ill from disasters, including those caused by chemical and biological agents, inhalation, and trauma [PR 4.6.j.] | [ ]  YES [ ]  NO |
| Use of paralytic agents and sedative and analgesic drugs in the critical care unit [PR 4.6.k.] | [ ]  YES [ ]  NO |
| Detection and prevention of iatrogenic and nosocomial problems in critical care medicine [PR 4.6.l.] | [ ]  YES [ ]  NO |
| Monitoring and supervising respiratory care units [PR 4.6.m.1.] | [ ]  YES [ ]  NO |
| Monitoring and supervising respiratory care techniques and services [PR 4.6.m.2.] | [ ]  YES [ ]  NO |
| Pharmacokinetics, pharmacodynamics, and drug metabolism and excretion in critical illness [PR 4.6.m.3.] | [ ]  YES [ ]  NO |

**Practice-Based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR 4.8.] (Limit response to 400 words)

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**Systems Based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR 4.11.b.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR 4.11.i.] | [ ]  YES [ ]  NO |

Explain “NO” response. (Limit response to 250 words)

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| How many months of experience will the fellowship program provide for each fellow in the care of critically ill medical patients (i.e., MICU/CICU or equivalent)? [PR 4.11.b.1.] | # |
| How many months of experience will the fellowship program provide each fellow in the care of critically ill non-medical patients (i.e., SICU, Burn Unit, Transplant Unit, Neuro-intensive Care, or equivalent)? [PR 4.11.b.2.] | # |
| Of the time spent in the care of critically ill non-medical patients, how many months of experience will the fellowship program provide each fellow in direct patient care activity? [PR 4.11.b.2.a.] | # |
| Of the time spent in the care of critically ill non-medical patients, how many months of experience will the fellowship program provide each fellow in consultative activities? [PR 4.11.b.2.a.] | # |
| What will be the average daily census per fellow during assignments to critical care units? [PR 1.8.k.7.c.] | # |

Will fellows have clinical experience in the evaluation and management of patients with the following?

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| Trauma [PR 4.11.f.1.] | [ ]  YES [ ]  NO |
| Neurosurgical emergencies [PR 4.11.f.2.] | [ ]  YES [ ]  NO |
| Critical obstetric and gynecologic disorders [PR 4.11.f.3.] | [ ]  YES [ ]  NO |
| After discharge from the critical care unit [PR 4.11.f.4.] | [ ]  YES [ ]  NO |

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| Will fellows have experience in managing patients with tracheostomies, including their specific complications? [PR 4.11.g.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.l.] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR 4.11.l.1.] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR 2.7.d.] | [ ]  YES [ ]  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR 4.11.m.] (Limit response to 300 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.n.] (Limit response to 300 words)

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**Evaluation**

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| Describe the method for assessment of procedural competence. [PR 5.1.h.] |
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| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR 5.1.b.1.] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

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| Will these faculty evaluations be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR 5.4.c.] | [ ]  YES [ ]  NO |